



# DOWNINGTOWN AREA SCHOOL DISTRICT

## Field Trip Parent Permission Form (121-AG-3)

Dear Parent/Guardian:

Our class will be going on a field trip to \_\_\_\_\_  
on \_\_\_\_\_ . The educational goal of this trip is \_\_\_\_\_ .

We expect to leave school at \_\_\_\_\_ and return at approximately \_\_\_\_\_ .

Your child will need to bring \_\_\_\_\_ .

The cost per pupil of the trip is \_\_\_\_\_ . Field trip money should be returned to school  
with the attached permission slip no later than \_\_\_\_\_ .

Make checks payable to: \_\_\_\_\_ .

Regular school bus/coach/school van transportation will be used for the trip. If you have any questions please  
email \_\_\_\_\_ at \_\_\_\_\_ or call the school.

The DASD Code of Conduct, including the Dress Code applies to this trip.

Sincerely yours,

Teacher/Trip Advisor

Sponsoring Organization: \_\_\_\_\_  
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**Please return this portion to school by:** \_\_\_\_\_

\_\_\_\_\_ has permission to accompany his/her class on a field trip to \_\_\_\_\_  
\_\_\_\_\_ on \_\_\_\_\_

I understand that regular school bus transportation will be used. I understand that the DASD Code of Conduct,  
including the Dress Code, applies to this trip. My child has the following health concerns/life-threatening allergies:

My child may need the following medications for the trip: \_\_\_\_\_

***All medications and supplies must be sent from home. Send only necessary medication needed for the trip duration  
in the original container, and give it to the teacher for your child to self-administer.***

My child has an IEP/504:  Yes  No

I give permission for emergency treatment if necessary:  Yes  No

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Phone# during trip: \_\_\_\_\_ Emergency Phone# during trip: \_\_\_\_\_

Student cell phone: \_\_\_\_\_

Teachers Signatures (study hall teachers not required)

Period 1	_____	Period 5	_____
Period 2	_____	Period 6	_____
Period 3	_____	Period 7	_____
Period 4	_____	Period 8	_____